

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5	
1. CONTRACT PURCH ORDER/AGREEMENT NO. DAAE07-02-D-S002			2. DELIVERY ORDER/CALL NO. 0030		3. DATE OF ORDER/CALL (YYYYMMDD) 2007JUL11		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4		
6. ISSUED BY U.S. ARMY TACOM LCMC AMSTA-AQ-ATAB LISA BUTT (586)574-8839 WARREN, MICHIGAN 48397-5000 HTTP://CONTRACTING.TACOM.ARMY.MIL WEAPON SYSTEM: WPN SYS: 00 EMAIL: LISA.BUTT@US.ARMY.MIL			CODE W56HZV	7. ADMINISTERED BY (If other than 6) DCMA ATLANTA 2300 LAKE PARK DRIVE SUITE 300 SMYRNA GA 30080 SCD: C PAS: NONE ADP PT: HQ0338				CODE S1103A	8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)		
9. CONTRACTOR THE HEIL CO 1125 CONGRESS PARKWAY NE ATHENS, TN 37303-9999 NAME AND ADDRESS TYPE BUSINESS: Large Business Performing in U.S.			CODE 1R5C8	FACILITY	10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED			
14. SHIP TO SEE SCHEDULE			CODE	15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264				CODE HQ0338	MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2		
16. TYPE OF ORDER	DELIVERY/ CALL	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.								
	PURCHASE		Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. furnish the following on terms specified herein.								
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA GREGORY M. DIXON GREGORY.M.DIXON@US.ARMY.MIL (586)574-6873 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$6,132,420.00		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.									34. CHECK NUMBER		
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET	Reference No. of Document Being Continued		Page 2 of 5
	PIIN/SIIN DAAE07-02-D-S002/0030	MOD/AMD	
Name of Offeror or Contractor: THE HEIL CO			

SUPPLEMENTAL INFORMATION

1. This Delivery Order 0030, is hereby issued to acquire 30 M969A3 tankers as identified below and further described in Section B:

CLIN	Description	QTY	Unit Price	Total Amount
2026AA	M969A3 w/ FRET	30	\$181,197.00	\$5,435,910.00
7006AA	M969A3 w/ FRET Ceiling Price for possible EPA	30	\$ 23,217.00	\$ 696,510.00

2. The color requirement for CLIN 2026AA shall be green 383.
3. The contractor shall contact buyer to request the Vehicle Registration Numbers at least 90 days prior to start of production.
4. All other terms and conditions remain unchanged.

*** END OF NARRATIVE A0001 ***

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-02-D-S002/0030 MOD/AMD	Page 3 of 5
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Name of Offeror or Contractor: THE HEIL CO

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
2026	NSN: 2330-01-495-0043 SECURITY CLASS: Unclassified				
2026AA	<p><u>PRODUCTION QUANTITY - SIXTH ORDERING PERIOD</u></p> <p>NOUN: 30 M969A3 W/FRET PRON: J672N519J6 PRON AMD: 01 ACRN: AA AMS CD: 51101400003</p> <p><u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: COMMERICAL LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC </p>				

Name of Offeror or Contractor: THE HEIL CO

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
7006	SECURITY CLASS: Unclassified				
7006AA	<div>SIXTH ORDERING PERIOD SS SURCHARGE CEILING</div> <div>NOUN: 30 M969A3 STAINLESS STEEL EPA PRON: J672N520J6 PRON AMD: 01 ACRN: AB AMS CD: 51101400003</div> <div>Contractor will only be allowed to bill under this CLIN if authorized to do so by contract modification, and in accordance with the terms of the TACOM LCMC Actual Cost EPA Clause. The most the contractor will be allowed to bill against this CLIN if authorized is \$23,217.00 per tanker.</div> <div>(End of narrative B001)</div> <div>Inspection and Acceptance INSPECTION: Origin ACCEPTANCE: Origin</div> <div>Deliveries or Performance DLVR SCH PERF COMPL <div><div>REL CD</div><div>QUANTITY</div><div>DATE</div><div>001 30 29-FEB-2008</div></div><div>\$ 696,510.00</div></div>	30	EA		\$ 696,510.00

Name of Offeror or Contractor: THE HEIL CO

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ ITEM	OBLG STAT	ACCOUNTING CLASSIFICATION	JOB ORDER NUMBER	ACCOUNTING STATION	OBLIGATED AMOUNT
2026AA	J672N519J6 51101400003 A17P50031CJ4	AA21	72035000071C1C03P51101431E1 S20113	7H900D	W56HZV \$	5,435,910.00
7006AA	J672N520J6 51101400003 A17P50031CJ4	AB21	72035000071C1C03P511014252G S20113	7H900D	W56HZV \$	696,510.00
					TOTAL \$	6,132,420.00

SERVICE NAME	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION	ACCOUNTING STATION	OBLIGATED AMOUNT
Army	AA	21 72035000071C1C03P51101431E1 S20113	W56HZV \$	5,435,910.00
Army	AB	21 72035000071C1C03P511014252G S20113	W56HZV \$	696,510.00
			TOTAL \$	6,132,420.00

ACRN	EDI	ACCOUNTING CLASSIFICATION	
AA	21 070920350000	S20113 71C1C035110140000331E1	7H900DS20113 W56HZV
AB	21 070920350000	S20113 71C1C0351101400003252G	7H900DS20113 W56HZV